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CURRENT CORRES	SPONDENCE ADDRES	S (Note: Legibly mark-up with any corrections or use Block 1)	•
22204	7590	07/16/2003	

NIXON PEABODY, LLP 8180 GREENSBORO DRIVE SUITE 800 MCLEAN, VA 22102



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/083 311	02/27/2002	Masanori Minamio	740910 754	5409

TITLE OF INVENTION: LEAD FRAME

- L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	nonprovisional NO		al NO \$1300 \$300		\$300	\$1600	10/16/2003
[EXAMINER		ART UNIT	CLASS-SUBCLASS				
CRUZ, LOURDES C		JRDES C	2827	257-666000				
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		2. For printing on the patent from the names of up to 3 registered	ont page, list (1)	& PFARODY. III				

- $\mbox{\ensuremath{\square}}$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
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1_	NIXON	&	PEABODY,	LL
2_				
2				

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD.

Osaka 571-8501, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent)

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(Authorized Signature)	Thomas	ww	Colo	(Date)		
(Authorized Signature) Thomas W. Co	ole, Rég.	No. 2	8,290	Oct.	15,	2003

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 01 FC:1501
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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT	OF PAYMENT	l	(\$)110.00

	Complete if Know
Application Number	10/083,311
Filing Date	February 27, 2002
First Named Inventor	Masanori Minamio
Examiner Name	Lourdes C. Cruz
Art Unit	2827
Attorney Docket No.	740819-754

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Deposit Account Nixon Peabody LLP	i .				_	equest for ex part	a meyamination	
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The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting p	ublication of SIK	prior to Examiner	
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Charge any additional fee(s)			2252	205		r reply within sec		
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1. BASIC FILING FEE	1401	320	2401	160	Notice of Ap			
Large Entity Small Entity Fee Fee Fee Fee Description	1402	320	2402	160	-	f in support of an	appeal	
Code (\$) Code (\$) Fee Paid		280	2402	140	Request for	• • •	··* E	
	1403 1451	1,510	1451	1,510	•	nstitute a public u	se proceeding	
1001 750 2001 375 Utility filing fee	1452	110	2452	55		evive – unavoidab		
1002 330 2002 165 Design filing fee	1453	1,300	2453	650		evive – unintentio		
1003 520 2003 260 Plant filing fee	1501	1,330	2501	665		fee (or reissue)		1,330.00
1004 750 2004 375 Reissue filing fee	1502	470	2502	235	Design issue			1,550.00
1005 160 2005 80 Provisional filing fee	1503	630	2503	315	Plant issue f			
SUBTOTAL (1) (S) 0	1460	130	1460	130	Petitions to	the Commissione	r	
SUBTOTAL (I) (\$) 0	1807	50	1807	50	Processing f	ee under 37 CFR	1.17(a)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1807	180	1806	180	_	of Information D		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from	8021	40	8021	40	Recording e	ach patent assign	ment per property	
Extra Claims below Fee Paid	1000	750	2809	375		er of properties) mission after fina	l rejection	
Total Claims20** = X = 0	1809	750	2807	373	(37 CFR 1.1	29(a))		
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Code (\$) Code (\$)	Other	fee (snec	eify) Pu	blicatio	n Fee & 5	Advanced (Copies	315.00
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1201 84 2201 42 Independent claims in excess of 3	1					overmon it (
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1203 280 2203 140 Multiple dependent claim, if not paid	1							
1204 84 2204 42 ** Reissue independent claims over			CER	TIFICATE	OF MAILING	OR TRANSMI	SSION [37 CFR 1.8(a)]
original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and	I he	ereby cert			ondence is beir			
over original patent			deposit	ed with the	United States	Postal Service or nvelope addresse	the date shown belo d to: Mail Stop	w with sufficient
SUBTOTAL (2) (\$) 0	1		Comm	issioner for	Patents, P. O.	Box 1450, Alexa	ndria, VA 22313-145	
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			Date				Signature	
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Thomas W. Cole		stration		28,290)	Telephone	(202) 585-800	00
Name (Print/Type)		rney/Ag	ent)			Date	October 15, 2	003
Signature Thomash)	اكما	U					JULUUU 13, 2	· · · · · · · · · · · · · · · · · · ·